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T R E A T I S E
O N
C A N C E R S,



W I T H

A New and Successful Method of
O P E R A T I N G,

Particularly in C A N C E R S of the
B R E A S T and T E S T I S,

Whereby PAIN is considerably diminished, the CURE or
HEALING of the Part greatly accelerated, and DEFOR-
MITY prevented,

B Y

H E N R Y F E A R O N,

Of the COMPANY of SURGEONS,

And SURGEON to the SURREY DISPENSARY.

Est quodam prodire tenus, si non datur ultra.

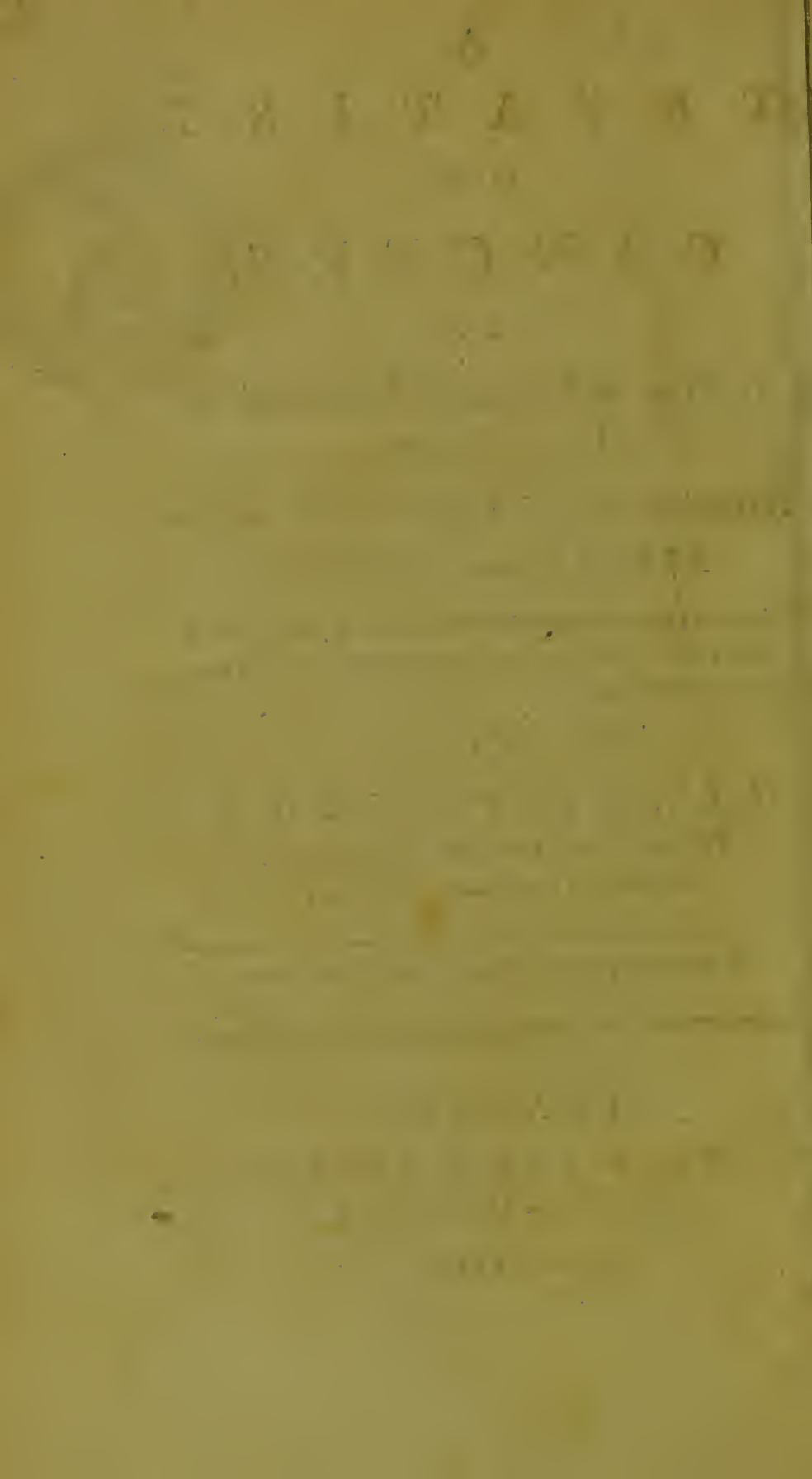
HOR.

L O N D O N :

P R I N T E D F O R J. J O H N S O N,

S t. P A U L ' s C H U R C H - Y A R D.

M D C C L X X X I V.



T O
THE RIGHT HONOURABLE
THE PRESIDENT,
VICE PRESIDENTS AND GOVERNORS
OF THE
SURREY DISPENSARY,
TO WHOSE BENEVOLENCE IN SUPPORTING
A MOST USEFUL CHARITY,
HE IS INDEBTED
FOR A VERY EXTENSIVE FIELD OF EXPERIENCE
IN THE CULTIVATION OF A SCIENCE,
TO WHICH HE IS MOST SINCERELY DEVOTED,
THESE,
THE FIRST FRUITS OF HIS LABOURS THEREIN,
ARE MOST RESPECTFULLY INSCRIBED,

BY

THEIR MOST OBEDIENT,

HUMBLE SERVANT,

EARL-STREET,
CHATHAM-PLACE,
Nov. 20, 1784,

THE AUTHOR.

INTRODUCTION.

THERE is no disease to which human nature is subject, confessedly, more beyond the reach of internal medicines, or more justly intitled to be termed *opprobrium medicorum*, than that dreadful complaint, a *Cancer*. Every thing hitherto attempted, by the most eminent Physicians of all countries, has been found ineffectual ; so that the liberal, candid, and best informed part of the profession, readily acknowledge, they know nothing within the extensive bounds of medicine, any way to be relied on to effect a cure. Of this candid confession, illiterate Quacks and bold Empirics have ever been ready to take advantage ; whose specious promises have induced many unwary sufferers to have recourse to them, whom they insensibly entice with the hopes of a radical cure, telling them it requires *time*, during
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which *time* they only protract the disease, often torturing the patient with caustics or escharotics, till matters become so desperate, that little or no hope can be entertained even from the operation, which, had it been performed in time, might have proved effectual. Their patients then, too late, are convinced of their error, when resignation to their approaching fate, is the principal alleviation their sufferings admit of.

THE idea that cancer does not admit of a radical cure, has undoubtedly been carried to too great extent, and has proved fatal to many labouring under that complaint. Writers of eminence are too often implicitly believed in every thing they advance, to the detriment of science as well as of mankind. It is with all due deference to this established eminence, and at the same time with some reluctance, that I humbly presume to question or doubt the authority of men of such high repute in the literary world, as the late Dr. Monro, Le Dran, Sharpe, and other authors of note, who have spoken of this disease, in such discouraging terms, as tend only to increase the miseries of the
unhappy

“ tion to be relied on in the cure of a cancer.” Secondly, “ That the disease is very apt to return after excision.” These two assertions are intimately related or connected to each other.

IN answer I would observe, that having granted the first, it does not follow that the operation should be rejected as useless, and uncertain.

To the second I answer, that the greater number of patients have no return of the disease after the part affected has been carefully dissected away. This is clearly proved by the cases published by Mr. Hill, of Dumfries, in 1782, and I am fully persuaded, if the operation were timely performed, in the manner I intend to explain and recommend, a still smaller number would be troubled with a return of the disease. Even as the operation has hitherto been performed, it is often the only alternative left, which the melancholy patient looks on, as a means only to prolong existence a while, but not sufficient to eradicate the disease: yet under all these disadvantageous circumstances, it *generally* proves successful,
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and answers the purposes of a radical cure. For notwithstanding the disposition to cancer, the person who submits to the operation in time, *may* live afterwards to old age, or die of a different disease, without the least return of cancer, unless some exciting cause occur to produce it.

WHATEVER, therefore, tends to mitigate the pangs of our fellow creatures, unremittingly tortured with this dreadful disease, cannot be thought unworthy public attention : and if, not only to mitigate their sufferings, but to remove them entirely, can by experience be proved practicable, by an operation much less terrible to the patient than that hitherto practised, and which generally answers the purposes of a radical cure ; it would be wrong in me to remain silent on a subject so very important, in which great numbers of the human race are so deeply interested. For highly enlightened as the present age is, yet the most eminent practitioners readily admit, that there is still ample room for further improvement, in chiro-surgical operations. Though the modern improvements are very numerous and sur-
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prisingly great, we ought by no means vainly to suppose, that all or even the greater number of the principal operations, are brought to the summit of perfection. One of the most eminent Surgeons of this country, I may venture to say of the present age, both as an author and operator, acknowledges this. It scarcely needs mention, that I mean Mr. Pott, who in the Preface to his Treatise on Ruptures says, “ I would by no means be
 “ supposed to think, that there is not large
 “ room left for the industry both of us and
 “ our successors, some of the operative parts
 “ of the art are still capable of improvement,
 “ and the treatment of some diseases might
 “ certainly be altered for the better.”

THERE are few diseases, I believe, that require an alteration and improvement, in the general method of treatment, more than scirrhus and cancer of the breast and testis.

IN these complaints, though the operation be the only alternative to which the patients must have recourse in order to preserve life, yet it requires a greater degree of resolution than most of them can readily summon up,
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to submit to it. The certainty of very severe and accute pain during the operation, as well as of that which must naturally follow it, the fear of a great effusion of blood, the uncertainty of success, the long confinement, and, in many cases, mutilation and deformity, are difficulties of considerable magnitude, and not easily surmounted. Whatever tends to lessen all these difficulties, will, I doubt not, be deemed of the highest moment. What I have to offer, if received with candor, will, I hope, be found not unworthy attention, being the result of observation and experience.

THE method of operating, which it is the principal design of this treatise to recommend, on account of the great and uncommon advantages it possesses, and the wonderful effects, I may in strict truth say I have seen result from it, consists in dissecting away all the diseased part of the breast or testis, through one simple longitudinal incision, large enough to admit of the perfect removal of all the diseased part or parts, and then bringing the edges of the wound into contact, and retaining them in that situation by slips

of sticking plaister, ligature, or both if necessary, till they unite by what is called the First Intention, which they generally do in a few days, without ever forming suppuration. The whole of this operation I shall more fully and distinctly describe and explain in its proper place.

HERE I beg permission to mention the reasons that have got the better of that diffidence, which otherwise might have restrained me from ever venturing into the world as an author, for which undertaking I feel and confess myself not possessed of adequate abilities.

It is more than a year since I gave a very concise sketch of the success of this method of operating, in a letter to Dr. Simmons, the Editor of a very useful periodical publication, called The Medical Journal, who accordingly mentioned it in the first subsequent publication of that sort. The method of operating becoming somewhat public through that channel, I have since had the pleasing satisfaction of finding it pretty much adopted in the hospitals, as well as in private practice,

practice, especially in the removal of the scirrhus or cancerous testicle ; but not so much in that of the breast, and in neither to that extent, which I am confident it really deserves. I should therefore think myself exceedingly blamable to suffer diffidence, or an improper delicacy, to prevent me from making as public as possible, a method of operating, and subsequent treatment, which on experience I have found attended with advantages, far exceeding the most favorable expectations I could (a priori) entertain. I only wish this method may be received with candor, and adopted in proportion to its superior advantages and general utility ; and I hope it will soon become universal, and the principles on which it is founded, extended to many other operations in surgery, besides those two on the breast and testis. Should it tend, even in the smallest degree, to raise the reputation of, or be thought in any measure an acquisition to a professional art, truly great and noble in respect to its objects, viz. the relief of our fellow creatures, labouring under the pains and miseries attending disease, the preservation of life and health, it will afford me inexpressible happiness. Let me, however,

ever, not be misunderstood, for I confess my inability to bestow, what can very sensibly increase the general fund ; yet I hope the contribution of a mite will not be rejected, when it proceeds from a principle, which it is the duty of every practitioner to have in view, happily expressed by a great Poet in two words :

Miseris succurrere.

IN addition to the motive already given, I must candidly acknowledge, that ambition has had considerable influence in inducing me to offer this little treatise to the public. It is not, however, the ambition of becoming an author, but that of maintaining my just claim, as being the first who either introduced or published this method of operating and subsequent treatment in scirrhus or cancer of the breast or testis, to which I was led by a circumstance which may not be unworthy the reader's attention.

IN the year 1778, Dr. John Sims, a very skilful Physician, advised a patient under his care, to have the operation for the trichiasis, or inversion of the under eye-lash, performed, who consented, and applied to me for that purpose.

purpose. The flaccidity and redundance of the skin of the under eye-lid were so great, that I was obliged to cut away a very large portion, in order sufficiently to retract the under cilia, and effectually turn the hairs outward, so that they might not in future irritate the eye. Having removed a sufficient quantity, near an inch in the middle or broadest part, I was extremely careful to bring the opposite edges evenly and perfectly into contact, and to retain them in that situation by slips of adhesive plaister, and a proper bandage. As I had taken very great pains in applying the dressings, and the patient continued perfectly easy, I did not attempt to remove them for three days. On the removal, I was exceedingly pleased to find, that a perfect union of the edges from one end to the other had taken place, agreeable to my intention and wishes. There was a small serous discharge, but nothing like pus, or digested matter; and the secondary union was completed in a few days.

THE foregoing case made a strong impression on my mind, from it I inferred, that the principle might be applied in other
operations

operations to very great advantage, and resolved to practice it the very first opportunity. Soon after I had occasion to remove a diseased testicle, very much enlarged. I was anxious to make the experiment, and accordingly, instead of following the usual method of filling the *void space*, or cavity from whence the testicle was taken, with dry lint, I brought the edges of the incised wound perfectly into contact, and retained them in that situation. The event greatly exceeded my most favourable expectations; for though in this case there was a considerable cavity, and consequently a great quantity of loose integuments, yet by carefully bringing all the parts into contact, laying aside the interposition of dry lint, or any extraneous body, a perfect union throughout the whole took place; as in the forementioned case. The success attending both these cases, made me resolve to carry the principle still farther, by applying it in the amputation of the breast. I embraced the first opportunity that offered, and the event proved equally successful. The patient was only two days confined to her room, and the wound perfectly healed in ten days. My
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very worthy and ingenious friend, Mr. Babington, of Guy's Hospital, did me the favor to assist at several operations performed in this way, the uncommon success attending which being spoken of, I was requested by Mr. Skeete, Secretary to the Physical Society, to give an account of it to the Society, which I accordingly did, in a very short paper, several months before it appeared in the Medical Journal. The method of operating being now pretty generally known, by the paper read to that Society, by the Medical Journal, and by the relation of the patients themselves, a Surgeon in town, whose name delicacy forbids me to mention, had the modesty to assert, that it was neither new nor an improvement, and that he himself had operated in the same manner, before I had ever mentioned it. On doubting his veracity, which I could not help, he had the hardiness to offer to prove his assertion, by a reference to the patient on whom he had performed the operation. I accepted the proposal, and on a day appointed, Dr. Hamilton, my colleague, accompanied us. The case turned out as I expected, no way applicable to the matter in dispute,

dispute, as it was that of a patient, out of whose breast a tumor had been removed; six months after the method I have mentioned had been published in the Medical Journal; which method had been communicated to himself long before, (in conversation) as I had been operating in this way for six years, as will appear from the subsequent cases.

I certainly should not have been guilty of the indelicacy of doubting the veracity of a gentleman of the profession, had I not been fully persuaded, that this method of operating had not been mentioned by Mr. Pott, Mr. John Hunter, or Mr. Cline, even in their lectures, nor practised at any of the hospitals in town, nor at any other public or charitable institution, previous to the publication of it in the Medical Journal, of which I took care to satisfy myself before I offered any thing to the public on the subject. The method, however, not being clearly apprehended, either from its not being described with necessary perspicuity and precision, or from an idea of it being taken up from conversation only, or from some other cause

cause, a surgeon of acknowledged abilities, who first performed it at one of the hospitals, misunderstood the matter so far, that he slightly filled the space, from whence the testicle was removed, with dry lint, and afterwards brought the edges of the wound into contact over the lint, and retained them by ligature. This indeed rendered it what the other asserted, no improvement, because inflammation and digestion took place, and greatly protracted the cure.





OBSERVATIONS

ON

CANCERS.

THE ancients gave the name *scirrhus*, to any tumor that would not admit of dissolution; the moderns, with greater accuracy, term those only *scirrhous* tumors, that will not admit of suppuration, and bear an affinity to cancer; and, therefore, have divided cancers into two kinds, viz. *occult* and *open*; thereby fully to comprehend all various sorts, unnecessarily subdivided by some writers, and mentioned by different technical appellations. Though I approve of this distinction into *occult* and *open*, as sufficiently comprehensive, yet I would not

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be thought to assert, that this disease does not, at different periods, assume very different appearances. There are few diseases more subject to variety, both in respect to appearance, and the changes it undergoes from time to time.

It generally commences by a simple enlargement, or induration of some glandular part, at first moveable and free from pain, without any inequality, apparent inflammation, or change of colour in the integuments. In some the disease continues in this mild state for years, without pain, inconvenience, or any visible alteration. In others, its progress is very rapid; soon after its first appearance it increases in size, becomes unequal and knotty, attended with a dull heavy pain, especially on being handled; the pain increases with the disease, and becomes lancinating and darting; the veins about the part become varicous; the skin becomes wrinkled or puckered up in some parts of the tumor; in others, inflamed and smooth; the latter appearances soon terminating in what is called the open or ulcerated cancer, attended with the following symptoms:

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THE ulcer is foul, stinking, spreading, with hard uneven edges, from whence fungus sprouts out, of a raspberry or cauliflower appearance, subject to frequent hemorrhage. The discharge, for the most part, is a thin, gleety, acrid, fœtid, dark coloured ichor, and the patient complains of an incessant, intolerably excruciating, burning pain, all over the parts affected.

THESE are the general and most characteristic symptoms of cancer, to which several others might be added, but I fear without advantage, as they would render the description less distinct.

IN the preceding description, I have considered cancer as affecting a glandular part only: but it is necessary to observe, that every part of the body is subject to cancer, which (except in glandular parts) may at first appear somewhat like a superficial ulcer, without any previous scirrhus tumor. Such cancers, however, are generally preceded by some crusty, scabby, horny, or wart-like appearance of the part.

THE observations already given, with others I shall add, require minute and particular attention, as they serve, not only as the best means of characterising the disease, but likewise afford some foundation for forming judgment of what is proper to be done, and what degree of success may likewise attend the mode of treatment to be adopted, it being my intention, on this head, to enable young practitioners to distinguish cancers from other complaints, and vice versa.

BUT as cancers of the breast and testis are by much the most frequent and important, and as the operations I shall describe are more applicable to these parts, what I have here to offer, shall be chiefly directed to distinguish other diseases to which these parts are subject, from cancer, premising only a general observation or two.

CANCERS in any other part of the body, are easily distinguished from the various kinds of encysted tumors; from that species called wen; and even from scrophulous glands. Cold, indolent, tumified, scrophulous glands, are not liable to be mistaken for cancers;

cers ; and in the inflamed scrophulous gland, as well as in phlegmonic tumors, the symptoms or appearances are still more different : the skin is not uneven as in cancer, nor the veins varicous. When the inflammation runs high in these complaints, the symptomatic fever keeps pace with it, the pulse is full and hard, as in other inflammatory complaints, and, at length, matter is formed in the part, perceptible to the touch, but not attended with that degree of pain which accompanies cancer. In the latter, when excessive pain quickens the pulse, it is at the same time low, as in hectic fever. But as I have just mentioned, that my observations here are principally directed to cancers of the breast and testis, I shall endeavour to give the best information I can, concerning the difference between cancerous affections of these parts, and other diseases to which they are subject.

First, of the Breast.

BESIDES the occult and open cancer, there are three other complaints to which it is subject.

FIRST. A scrophulous induration and enlargement.

SECOND. The milk breast, or milk abscess.

THIRD. An induration, or scirrhus from external injury.

THE first, or scrophulous induration and enlargement, is easily distinguished from a cancerous affection of the part, by its not being attended with pain or uneasiness, even when greatly enlarged. If it tends to suppurate, it has not that craggy feel and unevenness of skin, peculiar to cancer ready to burst; and when it suppurates, discharges good pus, which cancer never does. Such tumors often yield to cicuta internally, and saturnine applications.

THE second, or milk breast, induration or abscess, in its progress and termination, either by dispersion or suppuration, is so very like that of any other phlegmonic tumor, that there can be very little difficulty in distinguishing it from cancer.

I HAVE neither seen nor known an instance of a milk breast turning to a cancer, and cannot help thinking all apprehensions of that nature very groundless. It is not my intention to assert, that a breast that has been, or is affected with a milk abscess, can never become cancerous ; I only intend to give it as my humble opinion, that a milk abscess never is the immediate cause of, nor degenerates into cancer.

THE third or last complaint affecting this part, viz. an induration or scirrhus, from external injury, requires the most careful attention. We are not possessed of any means of knowing, nor can we assert, that an induration so occasioned will not terminate in cancer, if it does not yield to the proper treatment, in order to disperse it. Of such induration or scirrhus, it can only be said, it is rather a favorable circumstance, that it was occasioned by external injury, and a sort of presumption, that it will not terminate in cancer : and when such induration or scirrhus immediately succeeds the external injury, it is a more favorable circumstance than when it attacks the part some considerable

time after. But in either case, it may remain quiet and inoffensive for several years; or it may quickly become dangerous and alarming, attended with all the characteristic symptoms of cancer already mentioned; in such case, there can be little doubt of its being a real cancer, and that the external injury was the exciting cause, without the occurrence of which, the person might possibly have passed through life without any appearance of the disease: it is, therefore, very necessary to be guarded in our prognosis concerning an induration or scirrhus thus occasioned. What has been said concerning external injury producing cancer in the breast, is equally applicable to the testis, of which there are three diseases that require to be briefly mentioned and distinguished from cancer,

FIRST the hernia humoralis,

SECOND the hydrocele.

THIRD the venereal sarcocoele, or enlargement and induration of the testicle and epididymis.

THE

THE first, or hernia humoralis, is attended with inflammation, pain, heat, and most commonly fever; the whole body of the testicle, as well as the epididymis, becoming enlarged. By evacuation, rest, proper topical applications, and observing the antiphlogistic plan, the symptoms soon subside, and the testicle gradually recovers its usual size and smooth feel.

THE second, or hydrocele, is a collection of water in the tunica vaginalis; the fluctuation of which, when any way considerable in quantity, may be felt very distinctly, or it may be seen by holding the testicle between the eye and a strong light: this collection of water produces no morbid change in the structure, either of the testis or epididymis, and is not attended with pain.

THE third, or venereal sarcocoele, is always attended with other venereal symptoms or appearances in some part or other of the body, sufficient to characterise and distinguish it from a true scirrhus. But whoever wishes to be more fully informed concerning diseases of the testicle, may be highly gratified

gratified and instructed by the perusal of Mr. Pott's excellent Treatise on the Hydrocele, especially the twelfth section, to which I refer him.

Of the Causes of Cancer.

THIS is a subject confessedly not understood, yet much has been said upon it, the greater part of which is mere speculation or theory, from whence no useful practical knowledge ever has been derived. It is of some importance, however, to observe, that cancer seems generally to arise from some peculiarity of constitution, not well understood, which is frequently hereditary, and which predisposes to the disease, but seldom produces it without the adventitious occurrence of some exciting cause.

Of the Parts of the Body and the Periods of Life most subject to Cancer.

OBSERVATION and experience sufficiently inform us, that some parts of the body are
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more subject to this disease than others. The parts that distinguish the sexes, and all other glandular parts, both external and internal in both sexes, are more subject to it than any other part.

WOMEN are more subject to it than men; whether on account of their constitutions being weaker, or because the parts distinguishing them from our sex, viz. the breasts, &c. are more extensive, or on account of the changes that their constitution undergoes, I cannot take upon me to give an opinion. The nose, eye-brows, chin, and other parts of the face, as well as the lips, are more subject to it than other parts of the body. The viscera in general are subject to it, even the stomach, and intestines, of which I have instances in my possession; particularly that of the stomach, of which Dr. Sims gives an account, in the first vol. of the Medical Communications. In that collection I have given a case of an ossified kidney, which suggests a question; May we attempt the removal of a diseased kidney, affected with scirrhus, or any other disease that must in time prove mortal?

FROM thirty to forty years of age, and upwards, is called the cancerous period. But there are instances of the complaint occurring at a much earlier period. I never saw a more perfect cancer, than in the lip of a young Lady of sixteen; of which two Surgeons of the first eminence, were fully convinced. I saw another case of a young Lady not twenty, who died hectic, from a scirrhus of the cervex uteri, (discovered on opening the body) which, before her death, had been accompanied with the symptoms of a stone in the bladder; on the supposition of which, she had been twice examined with the sound.

WHETHER is cancer a disease of the system, or a topical complaint only?

THIS is a question of the greatest importance; the principal, perhaps the only question, necessary to be most attentively and minutely considered and discussed, and, if possible, decided; in order to place the practice on a more clear and certain foundation. But this grand desideratum is not likely soon to be obtained. There are authors of eminence on both sides, and their opinions flat contradictions to each other;

so that from what has been said on this important question, we are *almost* as much in the dark concerning it, as we are concerning the nature and cause of cancer.

THE medical part of the profession have been too much disposed to consider it a disease of the system ; while chirurgical authors have been equally inclined to consider it as a local complaint only. The late Dr. Monro was of the former opinion ; and has given a dreadful and discouraging account, of near sixty cancers, at the extirpation of which he was present ; and thence argues against the extirpation of any, except those of the occult kind, in young people, in other respects healthy. Only four of these remained free from the disease, at the end of two years ; but more properly speaking none ; for three had occult cancers in the breast, and the fourth an ulcerated cancer on the lip. I fancy from the annals of Physic and Surgery, we could not select another account, equally dreadful and discouraging. One would think they were the most desperate cases that could be selected from all parts of Great Britain. It would be unnecessary to mention others of
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a similar opinion. Happily for those subject to this disease, later practice and experience gives them much better hopes ; and on the other hand, men of the greatest eminence, both in physiological and chirurgical knowledge, as well as in practice and experience, have supported the contrary opinion.

INDEED, the account Dr. Monro gives of his method of treating cancerous complaints, shews clearly that he could not be successful ; for by keeping the wound made by the extirpation of the disease from healing up, and by giving mercury, he took the most efficacious steps to excite and reproduce the complaint, while his design was to prevent it.

THE ingenious Surgeon, Mr. John Hunter, thinks a cancer in the breast or testicle, as local as a chancre on the glans penis, or the inflammation and ulceration of the arm, from inoculation ; and in the same manner as in the small pox, or venereal disease, the cancerous virus may be absorbed, and affect the parts as it passes along ; hence cancerous buboes and affections of the absorbent system, from cancerous as well as from venereal

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real virus. But in the inflammation from inoculation, and in venereal chancres, if the parts affected be removed before absorption has taken place, a cure is effected. But in cancer, even when absorption has taken place, (which may be known by the state of the lymphatics leading to the constitution) the speedy or timely, and perfect removal of all the diseased parts, gives the patient a fair chance of being cured.

BUT as it is not my design (especially at present) in this short practical treatise, to enter deeply into the discussion of a subject, on which authors of the greatest abilities differ so widely in opinion; I shall therefore, add but very little on this head.

LET us, for a moment, suppose cancer to be a disease of the system, and the cancerous virus capable of being absorbed. When a cancer has been for some considerable time in an open ulcerated state, we should naturally think, that from the absorption constantly carried on, the whole system must soon become perfectly impregnated with cancerous virus; which must (as in the lues venerea)

venerea) soon attack or make its appearance in every part of the body. But we do not find this to be the case, for there are many instances, sufficiently authenticated, of open ulcerated cancers, of some duration, being extirpated after the axillary glands became affected; and yet the patients had no return of the disease. It is probable, that nothing has a more powerful tendency to render this disease constitutional, than neglecting to have the part removed as early as possible.

Of the Treatment and Cure of Cancer.

INNUMERABLE experiments and attempts have been made by the most eminent and ingenious Physicians, in order to discover an effectual remedy against cancer, whose motives were undoubtedly very commendable. But while, on the one hand, I feel the highest respect for men of great learning, genius, and professional abilities; on the other, I cannot help regretting that their labours have turned out so unsuccessful. I am indeed pretty well convinced, that all the attempts made to cure this complaint by internal

ternal medicines, have done more harm than good, and should therefore think myself culpable in offering to recommend any treatment depending on the use of internal medicines, where extirpation or removal of the diseased part is practicable; this being the only remedy hitherto known on which we can place any dependance.

IN speaking, therefore, of the treatment and cure of cancer, we may divide all affections of that nature whatsoever into two kinds, viz.

FIRST. Such as from their nature, situation, and circumstances, do not admit of extirpation by a surgical operation.

SECOND. Such as from their nature, situation, and circumstances, do admit of extirpation or removal.

Of the first kind, or such as do not admit of extirpation by a surgical operation, it might be thought rather unnecessary for me to take much notice, when there can be no hopes of a cure. But though I admit, that

in such cases we cannot entertain hopes of a cure, yet I shall venture to offer some remarks, which I hope will not be thought unworthy attention, if they answer the purpose of giving timely warning of their danger to those, in whom the disease is only in its infancy or early period, or have any weight in persuading them to take the necessary steps in proper time, to prevent the worst consequences. For to such persons the observation of the Poet should be a lesson :

Felix quem faciunt aliena pericula cautum.

To return from this digression, the extirpation may be impracticable by the diseased part being situated in, or connected with some vital part, or adhering to some considerable artery.

OR if the part externally affected would admit of extirpation, yet there may be other circumstances that would render it very imprudent in a Surgeon to recommend the operation. Of such cases we have but too many instances, when the disease has been of long continuance,

continuance, latterly attended with pains in the bowels, and the patient's countenance is become wan, fallow, and cadaverous. Here we are led to suspect a tainted habit, with cancerous affections of the viscera, beyond the reach of surgery; consequently, that the extirpation of any part within our reach can answer no good purpose. Such cases admit of little aid, either from the Physician or Surgeon; as all we can aim at is to mitigate, as far as in our power, the sufferings of a patient, whose approaching fate we are unable to prevent.

I AM inclined to think, many cases of the foregoing description result from mismanagement, when the Surgeon has not sufficiently recommended or urged the operation in time, or the patient, from an imprudent dread of it, has had recourse to some ignorant pretender or quack, and has been deluded with the hopes of a cure, till the disease has made such havock in the constitution, as leaves us without the least hope of attempting any thing with success: these cases are the more to be lamented, when we have reason to think, that by ex-

tirpation of the part at an early period, the patient might probably never after experience a return of the complaint; or, at least, would have had a fair chance from the operation.

I WOULD further remark, that people in general, are not sufficiently aware of the danger, to which they are liable, from scirrhus or occult cancer; for it sometimes happens, that both surgeon and patient think it soon enough to remove the diseased part, when forced to it, by excessive pain, and encrease of size. I cannot sufficiently warn both, of the danger attending this method of proceeding; because in most cancers (those of the breast especially) internal ulceration takes place, long before the skin shews any tendency to ulceration; so that every hope and opportunity of cure may be lost, and the patient destroyed by the deep and latent progress of the disease, without external ulceration ever taking place. This circumstance, therefore, of internal ulceration taking place so soon, not having been sufficiently attended to by any author I have read on the subject, I have thought
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proper to mention, as highly deserving notice, and shewing the propriety and advantage of operating at an early period of the complaint. It is unfortunately the case, that patients can seldom be convinced, that there is any necessity for an operation, while the disease continues in a mild state; whereas, that is beyond all doubt, the most favorable period for extirpating it: they too generally think, a scirrhous of the breast or testis, may remain easy through life: but notwithstanding there are instances to prove this within the limits of possibility, the hope that this may be the case, has proved fatal to many. There are very few indeed, who pass through life, with a scirrhous breast, or testicle, without suffering any considerable pain, or inconvenience; but there have been great numbers in whom this disease, after continuing mild for years, has changed so rapidly, and put on such alarming appearances, that little hope could then be entertained, even from the operation; so that they became victims to their own inconsiderateness, and want of timely resolution.

IN scirrhus of the testicle especially, when it has continued so long, that the spermatic chord is become indurated, knotty, painful, and uneven as far up as can be felt; however urgent the patient may then be, for the removal of the testicle, no hope can be entertained from the operation.

Having given the few practical remarks that occurred to me, under the head of Cancers, which do not admit of extirpation, I am now come to mention such, as from their nature, situation, and symptoms, do admit of extirpation.

It has already been mentioned, that in this treatise, cancerous affections of the breast and testis are the chief objects in view; yet I may venture to say, that in every topical circumscribed scirrhus or cancer, where the part is so situated that it may be extirpated or removed, without necessarily endangering the life of the patient; the sooner such part is removed, when the disease is characterised, the better chance will the patient have of a perfect cure. All cancers
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therefore, whether of the breast or testis, or in whatever part of the body, so situated and circumstanced, may be reckoned of that kind, which admits of extirpation. But however favourably situated, and circumstanced, the part affected may be, it must be observed, that the removal of it does not afford any absolute certainty, that the disease will never after appear, either in that or any other part of the body; all we can venture to say is, that (*cæteris paribus*) the earlier the operation is performed, the greater probability there will be, of the disease not returning: But this consideration ought to have no weight, in dissuading any person from submitting to an operation, which appears (all circumstances considered) necessary and proper, and which most frequently proves effectual; on the contrary it ought to operate very powerfully in persuading the patient to have the part extirpated at an early period; when the pain must be less, and prospect of success greater. Besides, no one can be secure against the most dreadful termination of a complaint of this nature,

who nurses a truly characterised scirrhus, in the hope that it may remain indolent and inoffensive for a great many years, and, perhaps, never produce any bad effects. It is necessary to inform such that the part affected should be extirpated, as soon as the disease is clearly ascertained : for though a simple scirrhus may remain indolent for many years ; yet it may suddenly change its appearance, and rapidly prove destructive, if not minutely attended to by a judicious practitioner.

NOTWITHSTANDING what I have said of the early extirpation of the diseased part, I would not be understood to infer, that where this has been neglected, till the disease is in a more advanced state, the operation must always be improper : on the contrary, I have reason to think, that in cancers both of the breast and testis, the operation has often been given up as unadvisable, when it might have been performed, with a probability of success. Whether this was the result of reading and speculative opinion without practice, or promanner

ceeded from the bad success attending the manner of operating heretofore practised, I shall not attempt to determine; but only mention some symptoms, which, experience informs me, should not prohibit the operation, as they too often have done.

Of this kind are enlargement of the part, attended with frequent, or constant, and increasing pain; diseased glands in the axilla, small indurated glands round the breast, diseased and ulcerated skin, adhesions to the pectoral muscle, and also to the ribs. These we must allow, are unfavourable symptoms, denoting a great progress of the disease. But from the following cases it will appear, that they ought by no means to prohibit the operation: especially when we consider the deplorable situation of a patient, (which baffles all description) when left a victim to the fury of this disease. And, if at such an advanced state, the operation is often attended with success, we certainly have reason to entertain far greater hopes from it, at an earlier period. Indeed, I cannot help thinking it a matter scarcely admitting a doubt, that many who
have

have died of this excruciating, loathsome disease, might have been preserved to the community, as well as to those relations and connections, to whom their lives were valuable, the greater number of them never experiencing a return of the complaint, had they submitted to the operation in time.

UPON the whole, therefore, I cannot too strongly urge the necessity and advantage of having recourse to the operation at an early period, as the only remedy; to describe which, it would be proper now to proceed; but as the superior advantages of that *particular operation*, which I am about to recommend, depend, in a great measure, on Union by the First Intention, it may not be improper to premise a few observations on that subject.

Obfer-

Observations on the different Processes of Nature in healing Wounds, more especially on what is called Union by the First Intention.

THE benevolent Author of Nature, for great and good purposes, has implanted a law in the animal œconomy, very prevalent in the living human body particularly, whereby parts perfectly separated, or divided by wounds, are strongly disposed to unite; especially if brought into contact immediately, and retained in that situation.

IN fresh incised wounds, this disposition to unite is so great, that by bringing the parts evenly and closely together, and retaining them so, they will be slightly glued together in the space of an hour or two, and if not disturbed and separated by force, constitutional disease, or some other cause, will perfectly unite and heal, without inflammation or suppuration taking place. This may be called the first natural process, or what Surgeons denominate “Union by the First Intention.”

BUT

BUT in this salutary design, nature is too often frustrated; for it often happens in large wounds, attended with great effusion of blood, that the proper treatment of stopping the hemorrhage, by taking up the vessels that require it, and then bringing the parts closely into contact, and retaining them by ligature, if necessary, has not in time been adopted, and thereby the opportunity and advantage of Union by the First Intention has been lost; yet nature does not stop here in her efforts to unite the parts; for when the effusion of blood has ceased, and the mouths of the vessels from whence it flowed are retracted or collapse, even though inflammation may have taken place, in some degree, if the parts be then brought into contact and detained, they will unite without suppuration taking place; but neither so soon nor with so much ease as if they had been properly treated in time.

THIS may be called the Second Process of Nature, or the Secondary Union, by inflammatory exudation, or adhesive inflammation, mentioned by the late great anatomist Dr. Hunter, by his brother Mr. John Hunter, by O'Halloran, Allanson, &c.

BUT

BUT in case this second opportunity is lost, or abused by the interposition of any extraneous body, which can only serve to keep the parts asunder, yet nature still proceeds to accomplish the great and salutary purpose intended from the beginning, of uniting and healing the parts, but by the different means of suppuration, granulation, &c.

THIS may be called the third and last process of nature. Of each of these natural processes, we have as infallible demonstration, as any mathematical theorem can admit of.

Of the first process, we have daily proofs in the immediate union of incised wounds, to which the ingenious physiologist, Mr. Hunter, has added others, by very striking experiments: He cut a cock's comb, and in it placed a fresh extracted tooth, which united and grew in the comb, so that by injecting the comb, he injected the vessels of the tooth. He also cut off a cock's spur, and immediately applying it to the fresh wound, made by cutting off the comb, it adhered and grew there. Such are the indubitable proofs of the first process.

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THE proofs of the second process are equally undeniable. The very ingenious physiologist just mentioned, has favoured us with a curious experiment, which may be referred to this head. He cut out the testicle of a living cock, and opening the belly of a living fowl, he immediately introduced it through the incision, which healed up, and the testicle adhered and grew to the intestines of the fowl. There are many other proofs of this process, as the adhesion of the lungs to the pleura, which are often considerable, without any sensible inconvenience; the union of the flap in amputations; the union of the chin to the breast; the adhesion of the viscera to the peritoneum: of this a remarkable instance lately happened in a person that was shot through the belly, at the time of the riots in the year 1780, who died a few months ago. In consequence of the wound, inflammation took place, and produced general adhesions of the viscera to the peritoneum throughout the cavity of the abdomen: yet the person was not subject to any particular pain or sensation in consequence of this union.

ANOTHER

ANOTHER remarkable instance came under my care lately at the Surry Dispensary.

A POOR lad, about ten years old, had been afflicted by an adhesion, formed five years before, when he had the small-pox; the adhesion was at the right angle of the mouth, which was somewhat retracted by it, and, together with the cheek, adhered strongly to the upper and under jaw: his upper jaw projected a little over the under, and though he could move the latter a little from side to side, backward and forward; he could not in the least open his mouth, so that during the time mentioned he may with strict propriety be said to have lived by suction. He was very much afflicted on casting the molares which he was forced to swallow. On dissecting through the adhesion, and separating the angle of the mouth and the cheek from both jaws where the adhesions were formed; he was able to open his mouth but a little more than before the operation; this I attributed to the rigidity of the temporal, masseter, and other muscles, from so long a state of contraction: and accordingly the complaint yielded to warm relaxing anodyne fomenta-

fomentations, &c. My friend Mr. Gillespie assisted in performing this operation.

THESE are proofs of the second Natural Process to which many others might be added if necessary.

IN proof of the third Natural Process, or union by suppuration, granulation, &c. it would be as absurd to offer any arguments, as to attempt by a tedious dissertation to prove an axiom or self evident truth, or that what does exist does exist. It is to be regretted that there are too many instances of this process in the practice of Surgery, which might have been prevented to the great advantage of the patient, had nature been in the least assisted either in the first or second process.

SUCH I humbly conceive to be the law, and such the steps which nature takes in the healing art. Of these I have been an attentive observer, I have studied and admired them; and have endeavoured, as far as a very moderate capacity, and the opportunities I have had, would permit me, to derive from thence some useful practical knowledge. Had
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men of superior abilities in the profession, been more attentive to the order and progress of these processes, and others observed by the *vis medicatrix naturæ*, instead of fabricating fine spun speculative theories, the healing art must, before this time, have been advanced to a much greater degree of improvement. We should not have seen patients so long tortured, by pouring stimulating pernicious balsams into wounds, or by the interposition of extraneous bodies; all which applications tend greatly to multiply the sufferings of the patient, and protract the cure for many weeks; which might have been compleated by the first intention or *Natural Process* in a few days. I fancy I may safely say, the attempts to favour either the first or second process, in the surgical art, would have been a hundred to one more numerous, even within the last ten years. As all the superior advantages attending, and resulting from the following method of operating, are derived from the first Natural Process, or Union by the First Intention; it may be expected, I should say something on the nature of this

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Union,

Union, and the manner in which it takes place.

The manner in which this Union takes place, seems to be as follows. In a fresh incised wound, there is an effusion of blood from the vessels divided. If these vessels are so inconsiderable, that the contractile power of their fibres is sufficient, very soon to put a stop to the effusion of blood, by retracting and closing their mouths ; it would be very unnecessary to inflict pain by the use of the needle and ligature. However, the anatomical knowledge of the part, where a wound happens, and of the vessel or vessels divided, may always prove sufficient to direct a judicious practitioner: but for the benefit of those who have had very little experience ; I hope I shall be excused in observing, that the use of Styptics should be exploded, as they produce inflammation, supuration, and a sloughing of the edges of the wound. We should likewise be careful not to trust to compress, when an artery any way considerable happens to be divided ; for by such practice I have often seen, at the distance of several days, an hemorrhage so
great

great, as to make it unavoidably necessary for the Surgeon, not only to open the wound, but to make a fresh incision, in order to get at, and take up the vessel, that might and ought to have been secured by ligature at first; by neglecting which, the patient is put to unnecessary pain, and the opportunity of uniting the parts by the First Intention totally lost. But to return from this digression, the hemorrhage ceasing, by the vessel or vessels being taken up, if necessary, otherwise allowed to retract, there will be some coagulated blood in the wound, when brought together, which will of course separate; the serous part will ooze out of the wound, the red particles will be absorbed, and the coagulable lymph will become a kind of gluten or bond of Union between the parts. This gluten or uniting medium is at first inorganic; but at length becomes both vascular and nervous. But that change requires time, while nature endeavours to defend the adhesion formed, by uniting the skin or lips of the wound by cicatrix: such I imagine to be the simple, and at the same time grand, wonderful, and efficacious progress of Nature, in forming a union of parts, by the First In-

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tention, by retracting and closing the vessels, absorbing or discharging the redundant or unnecessary fluids, glueing the parts together by an uniting medium; and lastly by cicatrizing, and even organizing this uniting medium. If I have erred in an humble attempt to explain this progress, it will give me very little concern. That such Process or Union takes place, is an indubitable fact, and it is of the fact itself, and not of the manner in which it is brought about; that I wish to avail myself in practice. Neither do I venture to assert, that this union will universally, or without exception, succeed. For great inflammations, by whatever means induced, or other constitutional causes, may dissolve the gluten when adhesion has taken place.

But, I believe, I may venture to say, that in almost all the instances where it does not succeed, the fault may justly be attributed to neglect, or mismanagement. From my own practice I can assert, that in all the operations I have performed, either on the breast or testicle, it never once failed.

Of

Of the Operation of Castration.

THE method of performing this operation has been described by different authors somewhat differently: but those described by Mr. Pott and Mr. Warner, are more generally approved of and practised than any others. In the last edition of Mr. Pott's Works, Vol. II. page 485, he gives the following direction.

“ THE void space in which the testicle was, is to be very slightly filled with dry lint, which lint should be suffered to remain *until it be perfectly loosened by the suppuration from every part of the sore*; if it be removed sooner, it must be done by force; in which case it will give unnecessary pain, and leave a crude undigested sore. If it be not removed until quite loose, it will give no pain, and the sore will be found clean and well *digested*, and requiring no other dressing afterward, than mere dry lint, which from this time should be applied in such quantity and

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manner,

manner, as to give nature an opportunity of contracting and healing the wound as fast as she can; in both which she may be considerably assisted by the judicious exhibition of the bark."

MR. Warner, in his Treatise, page 89, in speaking of this operation, gives us the following directions:

"ON the third or *fourth* day after the operation, dress the wound with yellow basilicon, or linamentum arcei, spread upon pledgits of lint; before the pledgits are applied, dip them in warm fallad oil. Let this mode of dressing be repeated till the first dressings come off, and as long afterwards as you find it necessary to the promotion of *digestion*.

IF at the end of a week or ten days, or *later*, your patient complains of a languor, and the wound should not produce good matter, but on the contrary a bloody and *corrosive sanies* succeeds, foment the wound once or twice a day with an antiseptic fomentation,

mentation, mixed with camphorated spirits of wine or brandy."

WITH all due deference to the above respectable authors, and others of eminence who have written on this subject, from whom I cannot help differing concerning their principles of operating and subsequent treatment, I shall now humbly offer to the public, the operation and subsequent treatment which I have for several years adopted and uniformly practised, leaving it to the consideration and future experience of practitioners to adopt or reject them, according to their merits.

WHEN a scirrhus or cancer of the testicle becomes fairly characterised, and the operation determined on, it may be performed in the following manner.

THE patient being placed on a table of convenient height, covered with a blanket and sheet, his head and shoulders raised with a pillow, his legs and thighs are to be separated from each other, with his knees a

little bent, and secured in this situation by proper assistants; the hairs being shaved from the part, the integuments over the spermatic vessels in the groin are to be divided by an incision, beginning opposite to the opening in the abdominal muscle, and continued nearly to the bottom of the scrotum. This incision will permit the surgeon with facility to finish the remainder of the operation. The spermatic chord thus laid bare, is to be freed from its surrounding membranous connection, and the operator, with his finger and thumb separating the blood vessels from the vas deferens, must pass a needle and ligature between them, and having tied the former only, is to divide the whole chord at a quarter of an inch distance from the ligature: this done, he is to dissect the testicle out from the scrotum.

If any considerable arteries bleed, either from the dartos or scrotum, they must be restrained by ligature; when that is done, the parts from whence the testicle was removed are to be gently laid together, and the edges of the incision to be evenly and
exactly

exactly brought into contact from one end to the other, and retained in that situation by two or three futures and slips of adhesive plaister. Should any part of the scrotum be ulcerated, it will be necessary to make a second incision, beginning a little above the ulcerated part, and continued in as direct a line as the inclusion of that part will admit of, down to the extremity of the first incision. These two incisions will enable the operator to dissect away the testicle in the same manner as if there had been but one; nor will they give more pain, than if the diseased part had been dissected away along with the testicle, in the manner recommended by Mr. Sharp and Mr. Pott. He is then to bring the parts together, and retain them in the same manner as if there had been but one incision, that they may unite by the first intention.

THE whole of this operation, and likewise the excision of the cancerous breast, should be performed with a straight dissecting knife.

*Of the Excision or Removal of a
Cancerous Breast.*

THERE are two methods in use in the extirpation of cancers; the one by caustic, the other by the knife.

THE former being more irritating, exceedingly more painful, less subject to direction, and less certain in its effects than the latter, is now nearly exploded, or seldom practised, except by Quacks, who in all their applications or boasted specifics (without exception) for the extirpation of cancers, have a caustic of some kind or other, as the basis or principal ingredient in their composition. Extirpation by the knife, therefore, being infinitely preferable, I shall consider and describe that method only.

MY deviations from the usual practice consist in the mode of operating and after treatment, of which I shall give as clear an account as in my power, first giving a few quotations

tations of the best modern chirurgical writers; I will then leave the reader to draw his own conclusions as to the propriety of each plan.

“IN large tumors, it is very much to be advised to cut away great part of the skin, for besides that the hemorrhage will be much less in this case, and the operation greatly shortened, the skin, by the very great distention, having been rendered very thin, will great part of it, if not taken away; sphacelate, and the rest be more prone to degenerate in a cancerous ulcer.”

Sharp's Surgery. Page 55.

THIS sphacelation and generation of cancerous ulcers, mentioned by Mr. Sharp, I have no doubt of, because they must naturally result from the practice of filling the cavity from whence the tumor was removed with dry lint, or any extraneous substance, that keeps the skin and integuments from coming into contact with the living parts underneath, so that they become dead, consequently must be separated and thrown off from the living parts. Such effects never
could

could have followed, had the integuments at first been brought to unite with the parts underneath, as the contractile power of the skin is so great, that from considerable folds at first, it will soon recover a smooth even appearance, as I have always found to be the case.

THE same author, after describing the manner of removing a scirrhus gland, or cancered breast, page 140, "*The treatment of all these wounds may be with dry lint first, and afterwards as in common incised wounds.*"

IN Mr. Warner's Cases, published a few months ago, page 359, after the amputation of a woman's breast in the usual way, and dressing with lint; he tells us, "her wound was at the point of being healed in *nine weeks* after the operation."

"THE *circular incision* in the skin of a breast, should always be made quite *round, &c.*"

Pott. Vol. II. Page 492.

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THE above eminent authors and most practitioners make it a rule to save a considerable, or what they think, a sufficient quantity of skin. But still, in this operation, as well as in others, they left a large open wound, which by the usual dressings, became much larger by the time they were first removed. These dressings give unnecessary pain, produce a very extensive and a very ugly sore, by which the healing of the part is greatly retarded.

THE following method is that which I have adopted in the removal of a cancerous breast.

THE patient being placed in a chair of convenient height, in a reclining posture, her head supported with a pillow, by an assistant behind, and her arms secured by another on each side; the Surgeon is to place himself in the most advantageous situation, either sitting or standing, as he finds most convenient, so as to make one horizontal incision, longer than the diseased mass, nearly in the direction of the rib, and a little below

low the nipple, that it may occasion less deformity. An incision of sufficient extent, being momentary, will give little more pain than a small one ; and has this great advantage, that it enables the operator, with facility, perfectly to remove the whole of the diseased parts.

THE most painful part of the operation being over, the assistants who were employed in securing the patient's arms, are now to hold asunder the teguments, and press their fingers on any arteries that bleed freely, which will enable the Surgeon, with facility and dexterity, to remove the whole of the diseased mass, which should be carefully dissected from the skin above, and below from the pectoral muscle and ribs. The assistants are now to remove their fingers, the blood is to be effectually cleared away, by sponge and warm water, that the Surgeon may examine, with the greatest accuracy, the surface of the wound ; and if any small indurated glands, or thickened cellular membrane can be discovered, they ought to be all removed ; for without the most careful at-

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tention to this part of the operation, the design of it may be entirely frustrated.

By this time, the hemorrhage will have ceased by the contraction of the muscular fibres of the arteries; when the blood which oozed out, during the examination of the wound, must now be cleared away as before, and the edges of the incision brought evenly and perfectly into contact, and retained (as in the operation of castration,) that they may unite by the first intention.

WHEN there is any ulcerated or diseased skin, it must be included between two incisions, exactly in the manner recommended in similar circumstances of the scrotum.

OVER the futures and adhesive plaister, a large, thick, soft, compress of old linen should be applied, and gently bound on, with a flannel roller, about five inches broad, and six or eight yards long. Flannel is preferable to linen on these occasions, being warmer, and likewise more pliant, and yielding to the motions of the trunk in respiration.

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THE arm on the side affected, should be relaxed, by being flung in a handkerchief tied round the neck.

THE ferous or bloody discharge is generally in such quantity as to appear through all the bandages, which I remove on the third day after the operation, if performed in the summer, or the fourth, if in the winter. By this time the slips of sticking plaister have become loose, by the discharge, and may be removed without giving the least pain, or affecting the tender adhesion. If ligatures have been used, they must about the same time be divided with scissars, and the line of incision is to be dressed during the inflammatory stage, and till the secondary union takes place, with small slips of lint spread thin with a cerate of wax and oil. During these dressings, which are to be renewed daily, the ligatures of the arteries in the scrotum should be moved gently at each dressing, and by this means they will come away in time for the secondary union to take place. Over these dressings I apply a few slips of adhesive plaister, to support the
tender

tender union, and by keeping the edges of the skin as close as possible, the cicatrix will be very small, and the cure greatly accelerated.

IN performing this operation, several arteries bleed very freely, and are apt to alarm a young operator, who from his embarrassment, may make too much haste to finish the operation. But the hemorrhage needs not to be regarded, for in all the operations I have performed on the breast, I have never had occasion to take up an artery, though I once took off a scrofulous one, that weighed near ten pounds. It is, therefore, necessary to be sufficiently bold in this respect, considering that from the nature of the part, no danger can ensue from dissecting freely, or even from taking away a considerable portion of the pectoral muscle, when the diseased mass adheres to it. The operation is so simple, that my patients have hardly complained of pain: they generally feared they should faint, but on the contrary, as soon as the dressings and bandage were applied, they got up and walked to bed without any assistance.

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SOME

SOME time after I had published a short and imperfect account of this method of operating, Mr. Bell, of Edinburgh, published the second volume of his System of Surgery, in which, page 455, in allusion to the two cases I had published, he says, " Till of late the only means put in practice for securing the skin in its situation, so as to effect an adhesion between it and the parts underneath, was compression by the napkin and scapulary bandage, excepting in a few cases, where adhesive plaisters were employed."

MR. BELL, however, as appears from his own words, page 443, thinks this method of operating applicable only in scirrhus affections of the mamma, where there is no necessity for taking away any of the skin; or where there is no adhesion to the pectoral muscle. When the skin is ulcerated, or adhesions are formed, he thinks the usual method of cutting away the skin and dressing with lint should be followed. He also takes pains to describe the method of securing the arteries, and talks of suppuration, matter, dressings, &c. as other authors have done before

before him. I am sorry Mr. Bell has misunderstood me so far, because the method of operating I have described, may be adopted, even when it is necessary to take away a great quantity of skin, either from the breast or scrotum, as will appear from the following Cases.

C A S E I.

IN April 1779, the foreman of a hatter in Southwark, aged thirty-eight, applied to me on account of a complaint he had in one of his testicles. Both in the country and in town it had been treated as venereal for two years. He had been salivated for it, and said that the mercury always increased his complaints; that in size, pain, and weight, it was become considerably worse. When I saw it, the spermatic chord was a little enlarged, the body of the testicle was very large and unequally hard, the darting pains were so frequent, as to deprive him of his natural rest; his countenance was pale and sickly: he said he had been often ad-

vised to have it taken off, but never would consent till lately, that his life became such a burthen to him, from intolerable pain, that he did not care if he had his head cut off.

As the disease did not admit of a doubt, and he was very pressing in his entreaties to have it removed, I operated in this advanced state in the manner already described.

THE parts healed in a few days, and in less than a fortnight he worked at his trade, and has had no complaint of the kind ever since.

My friend and colleague, Mr. Stonehouse, of the Dispensary, and the late Mr. Blackall, Teacher of Anatomy, were present at the operation.

C A S E II.

JAMES KELLY, formerly a sailor, about forty years of age, was admitted a patient at the Surrey Dispensary last Summer. He had for two years been afflicted with a scirrhus

scirrhus testicle, for which he had taken a great many medicines, but without any benefit. He was then greatly alarmed by an alteration it had undergone a few weeks before. The tumor had been indolent and equal, the spermatic chord in a natural state, and he had no other complaint while the disease continued in that stage; but since the change took place, the testicle had encreased very considerably, especially within the two last months, and a fungus fore broke out on the superior and anterior part, about the size of half a crown, which was extremely painful; sometimes bled, but generally produced a gleety discharge, of a very offensive smell. He had a pale unhealthy countenance.

I RECOMMENDED the operation under a guarded prognostic; he hesitated a while, and then refused to submit: but while he was sitting in the hall, a man, on whom I had performed the operation four years before, came to Mr. Stonehouse on business, who desired him to relate his case to Kelly, which he did, and assured him the operation

would give him but little pain, and the confinement was not worth mentioning, as he would be well in a few days; at least that was his case, and he never had a pain nor ach since the operation; and lastly, that he was *as good a man* since as ever he had been before! His account had irresistible influence with Kelly, particularly the *last argument*, and he immediately resolved to submit to the operation. Accordingly he came to the Dispensary next morning, where I performed the operation in the manner described, by two straight incisions, including the ulcerated part, and having brought the edges into contact, retained them by two ligatures and some adhesive plaister, and then supported the scrotum with a handkerchief. He walked home, had no fever, and got well so fast, that on the 10th day he returned thanks to the Governor who recommended him to the Dispensary, and went to his daily labour on the eleventh day.

It deserves to be mentioned, that in the above Case the skin next the septum scroti was about half an inch thick, and adhered
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to the testicle; yet this thickness decreased as he got well, and at last went off entirely.

MR. SIMPSON, my colleague at the Dispensary, and Surgeon to the Magdalen Hospital, and Mr. Getty, a Navy Surgeon, were present, and assisted me at the operation.

THIS Case I thought the most proper to succeed the first, though an interval of more than five years happened between them: but as they are both of the same nature, were thought unfavorable, and were really more so than any others I have had, as they prove the two different methods of performing the operation, viz. by the single incision, and by two incisions; and as they were both successful, I thought the order in which they stand the properest I could fix on.

C A S E III.

ELIZABETH TURNER was admitted a patient at the Surrey Dispensary, about six
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years ago, under the care of Dr. Sims, who consulted me respecting the propriety of extirpating her breast, which was truly scirrhus. She was about forty-six years of age, of a robust habit, and her breast naturally of a large size; but the disease (which had been a year and half forming, without any known cause) was perfectly moveable and circumscribed; there were no glands enlarged in the axilla, and the case, upon the whole, appeared to us to be extremely favourable for the operation, which we accordingly took great pains to recommend, without effect. We heard no more of her for about a fortnight, when she sent for me to her apartments in the Maze, where she lived. I found her in bed, with her head and shoulders supported; as she breathed very quick and with great difficulty, her pulse was quick and small, she was in most excruciating pain, insomuch that she said she was then ready to have her breast taken off, and would undergo any thing to get relief. In the above short time, the breast had increased considerably, and adhered in every part to the ribs with a firmness that I cannot express.

press. The muscles of the abdomen, neck, and arm, of that side, were all enlarged, hardened, and contracted, so that her head and thigh were bent towards each other. She could not move her arm on that side: her breast was not ulcerated externally. In this melancholy situation, opium not affording her the least relief, death put an end to her torture three days afterwards.

C A S E IV.

A LITTLE after this, I visited one of Mr. Shuter's patients, thirty-nine years of age, with symptoms nearly similar to those in the preceding Case. When I saw her, the breast appeared to be very favourably circumstanced for extirpation, which however I did not advise, the tumor being indolent, and attended with very little pain: besides, she was seven months gone with child, and I flattered myself that the complaint would not increase much in three months, and that it might possibly undergo a favourable change after lying-in; these were my reasons

sons for not doing more than giving the cicuta. But to my astonishment, in three weeks after she was as suddenly and violently attacked, as Elizabeth Turner in the preceding Case, except on the hand and arm, which were covered with large œdematous swellings : she aborted that night, and died two days afterwards.

I HAVE met with several similar cases since, which fully and clearly prove the necessity of our operating early, and that the loss of a few days may be of the utmost consequence. It is the same in cancers of the testicle ; by deferring the operation in hopes of receiving a cure, and losing only a few days, the disease may encrease so rapidly, and the patient become so much affected, as to render the operation unadvisable. By an instance of this kind, the public were some time ago deprived of a celebrated comedian.

C A S E V.

MARY SMITH, aged forty, discovered a lump in her breast, about five months before

before she applied to me, which was in the year 1780. It was perfectly indolent, even upon being handled. It had a stoney incompressible kind of hardness. I told her I was of opinion, that it was a true scirrhus, and accordingly recommended the operation. She left me much dissatisfied, and I heard no more of her for a fortnight, during which time she had often been to an eminent surgeon, and then returned to submit to the operation. The disease in the above short time had increased very rapidly, and adhered to the pectoral muscle. The skin was become smooth and inflamed, and appeared as if it would shortly break out into a cancerous sore. There were little lumps round the breast, and a gland enlarged in the axilla to the size of a chestnut, which looked as if absorption had taken place. I told her, that from the rapid increase and unfavourable appearance of the disease, her chance of a cure from the operation would be extremely uncertain. Her reply was, that she suffered such acute and almost constant pain, that she would run any risk. I operated in the manner already described, removing all
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the indurated glands. That in the axilla was deeper seated than it had appeared to be from the external feel. I likewise removed all that part of the skin which was discoloured. Still there was enough left to admit of a perfect approximation of the edges of the wound, which healed by the first intention. On cutting into the breast after it was removed, there appeared two cysts, one of which contained about three ounces of serum, and the other a curdled matter tinged with blood. Ulceration had taken place in the inside. Mr. Walfshman, Surgeon, at Newington, saw this patient.

C A S E VI.

SOON after this, Elizabeth Benham of Prospect-row, Walworth, applied to me to remove her right breast. The account she gave of her case was, that as long as she could remember, she had perceived a small lump in her breast, which had gradually increased in size; and that about ten years before I saw her, she had taken the opinion of
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Mr. Smith, surgeon of St. Thomas's Hospital, who advised the removal of the diseased part; but that she did not choose to submit to an operation at a time when she suffered no inconvenience, except from its weight, and at times a dull heavy pain. The size of the tumour encreasing, and the pain becoming more acute, she was advised to see my learned friend and colleague, Dr. Sims, whose opinion agreed with that of Mr. Smith. The breast was very large, of an unequal surface, very knotty, and felt through its whole substance perfectly indurated. The veins of the skin were varicous, and the nipple was shrunk out of sight. She was forty-eight years old, and of a delicate constitution, but her general health was good. The edges of the wound were brought into contact, and retained by slips of sticking plaster. They united by the first intention, and the cicatrix was completely formed in ten days. She was only two days confined to her room, and walked out on the fourth.

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When she came to the dispensary to return thanks to Dr. Sims, whose opinion and reasoning had prevailed on her to submit to the operation; on seeing the breast, he expressed himself much pleased with a method of operating, by which the cure was so speedily effected, and deformity prevented. For the nipple having been preserved, and the cellular membrane soon after the operation filling with fat, it had not an appearance as if the breast had been removed.

THE breast weighed three pounds and ten ounces. On cutting into it, it was extremely hard and diseased through its whole substance, with several small cysts containing a yellow, gelatinous, curdled pus.

C A S E VII.

A WIDOW applied to me, in the year 1781, concerning her breast, which was enlarged; and uneven in its surface, attended with irregular pains, shooting into the axilla and adjacent parts. Mr. Grindall, about half a year before, had recommended the operation, which she would not then
consent

consent to ; I told her the removal of it was the only thing from which she could expect relief, to which she consented.

THROUGH one incision, I carefully dissected away the diseased mass, which was so large as to leave almost the whole of the pectoral muscle bare. The wound united by the first intention, and she was perfectly well in twelve days, and continues so ever since.

MR. HADLEY (now settled in Derby) was present at the operation, and saw her daily for the time mentioned.

C A S E VIII.

Soon after the former case, Elizabeth Auger, of Wandsworth road, about forty years of age, was admitted a patient at the Surrey Dispensary, under my care. The whole of her right breast was greatly enlarged, though the complaint had attacked her suddenly only three weeks before, without any external injury. Her countenance was pale and sickly, she was subject to indigestion, and frequent nausea; the disease was clearly
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a true scirrhus, hard to the touch, with frequent darting, pricking pains; diseased glands all round the breast, with a string of them extending into the axilla. The disease had increased so rapidly, that she was justly apprehensive of the consequence, and consented to have the operation performed. During this operation, while I was dissecting away the glands leading to, and those in the axilla, I was very much alarmed to find, (after the breast and a large gland in the axilla had been removed) that all the cellular membrane was diseased, and full of hard knots in every direction. Besides those that were dissected away with the breast, I removed an incredible number of them, from the size of a pea to that of a filbert. The edges of the wound were brought into contact, and healed in the usual time. She enjoyed perfect health for two months, and thought herself very fortunate; but her ease, comfort, and happiness were then suddenly interrupted, by a return of the disease. In this lamentable situation, she came again to me, with her breast nearly as large as before, and the symptoms nearly the same as I have

have already described, all which increased for another month ; during which time, the largest doses of cicuta did her no service ; I then told her, I had not the least hopes of her obtaining a cure, by any internal medicine, or external application ; and as I feared it would not be in my power to remove the whole diseased mass, she had but little reason to expect any benefit from having the operation repeated. She replied, that she had seen two of my patients, who were then in good health, whose breasts I had taken off ; and as she suffered such constant and severe pain, she was resolved to undergo the operation a second time. I yielded to her intreaties, and Mr. Babington of Guy's hospital, did me the favour to assist at the operation.

THE skin of the breast was no way discoloured ; but as the cicatrix from the former operation, adhered to the diseased mass, we made a double incision including it, in the same manner as when the skin is ulcerated. We dissected away every part that seemed in

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any degree diseased ; and carefully removed all the affected glands in the axilla.

HER breast was perfectly healed in less than a fortnight, and she appeared to enjoy good health for three months after, at the expiration of which, the disease again appeared, and in a short time, shot out in different directions to a great size, large lumps or pieces frequently mortifying and sloughing away with the poultices that were then applied. In this miserable situation she lingered five months ; in which time opium was tried, but soon lost its power, procuring neither sleep, nor alleviation of pain : thus worn out with want of rest, incessant pain, and hectic fever, she died.

C A S E IX.

JANE Brown was admitted a patient at the Surrey Dispensary in the Spring of the year 1782 ; she got a blow on her breast about ten years before, which continued to be painful

ful for some days after the accident. The pain was succeeded by a hard tumor, which had been gradually encreasing for the time above-mentioned, (notwithstanding the free use of hemlock,) and at the time I saw her, extended from the clavicle to the abdomen, and from the sternum to the axilla; the skin was puckered, the nipple was retracted, and the veins were varicous. She had taken a great many medicines, under the care and direction of some of the faculty, and likewise had recourse to quacks, and had taken various specific nostrums, but all to no purpose. Being tired of these matters, and meeting with Elizabeth Benham, (case vi.) who had then been long recovered from the operation, and gave her an account of it; she resolved to have her breast taken off. I performed the operation in the presence of Mr. M'Dowell, of Shad Thames, Southwark, removing all that was diseased, and bringing the edges of the wound into contact. They were soon healed, and she remains perfectly well ever since. The size of this patient's breast was so enormous, that when the edges of the wound were laid in contact, there

were several long and deep wrinkles, or furrows in the skin of the breast; but it soon contracted, and the unhandsome look from a number of loose flabby folds, soon went off, and she has now the appearance of a uniform round plump breast, so that when she has her stays on, a stranger cannot distinguish which breast has been amputated.

C A S E X.

IN the year 1782, a widow, about fifty years of age, asked my opinion concerning a hard tumor in her breast, supposed to be an occult cancer, which it appeared to be on examination, and at that time favorably circumstanced for the operation; I therefore gave it as my opinion, that nothing else would be of the least service, and advised her to submit to it as soon as possible. To this however she would not then consent, because her surgeon, (a gentleman in very extensive practice, both in surgery and midwifery,) had assured her, that her complaint might, in all human probability, remain dormant
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and inoffensive for many years; and that if she even did submit to the operation, the disease would return with more violence than before; that he had seen many instances of this kind, and that it was the opinion of the learned Dr. Monro, that the operation would not effect a cure. I told her, that notwithstanding it was then quiet, and partly free from pain, yet no person could pretend to say how long it would continue so; I must therefore advise her, by all means, to have it removed in its present favorable state; and not wait till such alteration takes place, as would induce her to submit to the operation, when it would be more painful, and the prospect of its proving successful, not so great as at present; that I could not help differing from the opinion of Dr. Monro, because my own experience, as well as that of others who had much practice of this kind, made it appear, that the operation performed on proper subjects, generally proved successful, and that by far the greater number of those who submitted to it in time, enjoyed general good health for many years, or as

long as they lived, without the least appearance of a return of the complaint.

BUT as these arguments did not then convince, or prevail on her to submit to the operation, I heard no more of her for four weeks, at the end of which time she sent for me. The breast was a good deal increased in size, her countenance was become fallow and wan, she had no appetite, and complained of intolerable pain ; she informed me that the gentleman who had first seen her, desired her to consult a another surgeon, who had given her mercury, and salivated her since I had last seen her. This treatment had produced in this case, (as well as in every other I had seen so treated,) a manifest increase of the disease, and all its symptoms : she submitted to the operation, at which Mr. Charles Montague, and Mr. James Stuart, (then my apprentice) were present. She was perfectly well in a fortnight.

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C A S E XI.

Mrs. Elizabeth Ellis, of Camberwell, sent for me in the Spring 1783, to examine her right breast. She said all the medical gentlemen that had seen it, agreed in the opinion of its being a confirmed cancer. The operation had been recommended, but she never could make up her mind to submit to so horrid and painful an operation, which in the end might not prove successful; and to use her own words, this opinion was rivetted more firmly in her mind, from the sufferings of a neighbour of her's, who had undergone the operation, under the care of one of the first surgeons in town, and gave her a dreadful account of the pain of the operation, as well as the confinement and dressings for several months. These considerations had determined her to suffer the disease to carry her to the grave, until she heard of Mrs. Smith's case, before mentioned, on this account, (and for other reasons with which I shall not trouble the reader) she had

retracted her former opinion, and sent for me to perform the operation as soon as I thought proper ; she thought excessive grief was the cause of her complaint, for soon after the death of her husband she perceived a small lump in her breast, which gradually encreased till the time I saw her, it was then large and firmly attached to the pectoral muscle and ribs, and had a large cancerous sore round the nipple, attended with lancinating pains piercing through the tumor, which was hard, craggy, and uneven. She was corpulent and near sixty years of age, I told her that whatever might have been the cause of her complaint, it was my opinion that it was a true cancer, and that I feared she had too long deferred having the operation performed, and that she might not reap any advantage from it now, and therefore could not recommend it. Her answer was, that she was determined to have it off, as she could not be worse after the operation than she was then. From her pressing and anxious solicitations I suffered her to send for the family Surgeon, Mr. Green of Peckham, who accordingly met Mr. Haynes and me

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next morning. I performed the operation, including the cancerous fore in a double incision, and was obliged to cut away a considerable portion of the pectoral muscle and leave two of the ribs bare. The edges of the wound were brought into contact, they united, and the cicatrix was formed in the usual time, and she has continued in good health ever since.

It might be expected, that I should recommend some method of treating cancerous complaints, when the operation cannot be attempted. But so much has been said on this subject by various authors, that I shall only mention in the most concise manner, what I have observed in practice. I have found Hemlock for a time to check the progress of the disease, and render the discharge better conditioned, and not so extremely offensive ; when not only internally exhibited, but applied by fomentation and mixed with poultices. The effects however which it produces at first soon cease, and the disease gradually re-assumes its former strength.

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THE liberal use of opium generally follows cicuta, and for a time seems to possess what the other had lost. But this in turn soon fails, and the increasing power of the disease sets every thing at defiance, where extirpation by the operation is impracticable.

IN such cases all that can be done is to mitigate the patients sufferings to the utmost of our power, to this end I have never seen any thing more conducive, than the use of cicuta and opium alternately. In the mean time the patient should live abstemiously, avoiding animal food, wines, spirits, and fermented liquors, as heating, stimulating, and tending to increase the pain. A milk or vegetable diet therefore in such cases is the properest. In respect to external applications to ulcerated cancers, I have found a poultice of linseed meal preferable to any other, (not excepting cicuta or carrots) its mucilaginous and adhesive quality, rendering it more easily removed, and keeping the sore cleaner.

REMARKS.

R E M A R K S.

THE foregoing cases are selected, being the worst in which I have operated, and shewing at what an advanced state of the disease, the operation may be attended with success. Many others might be added of a milder nature, which of course were all successful. But those I have given sufficiently prove the advantages of the methods of operating, I have described, and justify the manner in which I have spoken of them, in the former part of this treatise. I have given two Cases which quickly proved fatal, tho' no operation was performed. These cases shew the propriety of having recourse to the operation in time. I have likewise given the only unsuccessful case in which I performed the operation, viz. that of Eliz. Auger, and even from that case, the practicability and advantage of uniting the parts by the first intention appears which, succeeded in the second operation, as well as in the first, tho' a considerable portion of the integuments was removed by the double incision? I venture to say, that this

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is the only unsuccessful case, as the other patients are all at this time living, and, without exception, free from any appearance of a relapse.

Upon the whole, I cannot help regarding this immediate union of the parts by the first intention, and the speedy cicatrization of the wound in ten or twelve days, as the two great effects resulting from these operations, and the advantages arising therefrom as invaluable. Whether among other good effects they have a tendency to prevent a return of the disease, time and experience must determine. This we know for certain, that in the usual method of amputating the breast, a wound of a large surface is made, which by the application of lint, and the skin being allowed to retract, becomes considerably larger by the time it is first dressed, than it was immediately after the operation.

BESIDE the greater sufferings of the patient, much time is lost in the healing up of this wound, generally three months or more,
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in many cases it never can be healed entirely ; -but when it comes to the breadth of a shilling, spreads out afresh, and the disease returns, or perhaps is thereby reproduced.

I have now only to add, that I humbly offer the operations I have described to the public, under no patronage whatever, but trust to the advantages which by experience may be found to result from them. Should they be thought any way conducive to the improvement of the surgical art, and by being brought into general use, prove beneficial to my fellow creatures, in diminishing pain, greatly shortening confinement, accelerating the healing of the part, and thereby adding considerably to the hopes of a cure ; I shall think myself amply recompensed for the trouble taken in drawing up this little treatise, and shall ever reflect on the time employed in this humble attempt, as the best spent time of my whole life.

